

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7/24/03.

I. DISPUTE

Whether there should be additional reimbursement for 73721-22 – MRI of the lower extremity dated 2/18/03 reduced on the basis of “F” – per fee guideline.

II. RATIONALE

The bill submitted by the requestor identified that the disputed MRI was an extended MRI of 25 or more slices. The MRI report submitted by the requestor did not confirm this. However, the respondent did not bring up the issue of documentation in this dispute. Therefore, the medical bill coding and modifier will determine the reimbursement per the 1996 Medical Fee Guideline. On this basis, in lieu of the -22 modifier present on the bill, additional reimbursement is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for 73721-22 in the amount of **\$101.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$101.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 16th day of April 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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